APPENDIX C – ADDENDUM #1
SYSTEM REQUIREMENTS AND DELIVERABLES

1. SCOPE OF WORK

1.1. The Department is seeking a Contractor to assess, design, develop/provide, and implement, a web-based health management tool that:

   1.1.1. Manages and tracks the availability of voluntary and involuntary inpatient acute psychiatric beds state-wide, and shares data with NHH Care Connect; and

   1.1.2. Facilitates the referral, assessment and transfer of patients in need of acute psychiatric inpatient services, as well as provide on-going solution maintenance and support.

1.2. The Department envisions the project to be implemented in a minimum of two phases:

   1.2.1. Phase I - Planned

   1.2.1.1. Phase I will focus on the project readiness assessment, system design and implementation of the foundational bed-tracking solution. The Phase I solution will enable the Department, as well as voluntary and involuntary facility personnel, to manage an individual's access to acute psychiatric inpatient services in real time.

   1.2.1.2. During Phase I (design), the vendor will work with the Department's project team to identify and separate system requirements into four (4) categories within the project's two phases:

   1.2.1.2.1. Bed tracking for all voluntary and involuntary inpatient psychiatric beds (Phase I – Planned)

   1.2.1.2.2. Patient and bed specific automated data sharing with NHH Care Connect (Phase I - Planned).

   1.2.1.2.3. Patient waitlist/queue (Phase I - Planned).

   1.2.1.2.4. IDMS interoperability with treatment sites' Electronic Health Records (EHRs)/Electronic Medical Records (EMRs) to automatically connect and update patient status (Phase II – Future).

   1.2.1.3. The selected vendor must develop and complete a one-month project readiness assessment that will be subject to DHHS and DoIT approval. The readiness assessment

must, at minimum:

1.2.1.3.1. Identify new requirements and scheduling.

1.2.1.3.2. Review and confirm requirements and/or additions at the beginning of each phase within DDI.

1.2.1.4. The selected vendor must also ensure the implemented solution is:

1.2.1.4.1. A FEDRAMP compliant cloud solution.

1.2.1.4.2. Agile, scalable and modular.

1.2.1.4.3. Secure device agnostic access.

1.2.1.4.4. Available 24/7/365 on a real-time basis.

1.2.1.4.5. Capable of interoperability for data sharing.

1.2.1.5. The system must manage and track voluntary and involuntary inpatient mental health beds state-wide.

1.2.1.6. The system must share data with NHH Care Connect.

1.2.1.7. The system must manage the patient waitlist queue and identify when a bed matching the patient's profile becomes available.

1.2.1.8. The system must accommodate a variety of users accessing the solution in various settings and with various devices, and through multiple platforms.

1.2.1.9. The solution must be able to send notifications to alert applicable users of bed and patient status changes.

1.2.1.10. The solution must be capable of producing query-based and canned reports at an aggregate and individual level.

1.2.1.11. The selected vendor must provide Administrative User Management to support users with varying level of privilege depending on system functions and user roles.

1.2.1.12. The system must be User Friendly and Usable with visualizations appropriate for data displayed in order to provide quick, easy access to inpatient bed availability information and patient queue data.

1.2.1.13. The system must include Referral Management that can accommodate treatment site acceptance or deferral of patient transfers.

1.2.1.14. The vendor must present a solution that has Scalability/Phasing capabilities that can support a phased-in

approach that can flexibly accommodate the variety of different users and varying functional capacities of providers.

1.2.1.15. The solution must be compliant with all ongoing applicable federal and state regulations regarding health information parity and security.

1.2.1.16. The selected vendor must develop and complete a Phase II project readiness assessment that will be subject to DHHS and DOIT approval. The Phase II project readiness assessment must, at minimum, identify new requirements, provide proposed scheduling, and identify associated costs.

1.2.1.17. The selected vendor must provide the Department with a Phase I solution design document, inclusive at minimum of diagram and plan.

1.2.2. Phase II – Future

1.2.2.1. The identified requirements in Paragraph 1.2.1, above, will be used as an input to system development for Phase II – Future.

1.2.2.2. Phase II – Future will focus on IDMS interoperability with various providers' and other treatment sites' EHRs/EMRs in order to automatically connect and update patient status upon completion of multi-phase process tracked within the system, which may include but is not limited to:

1.2.2.2.1. Adding patient to queue.

1.2.2.2.2. Treatment site specific review completed (preliminary, interim, final).

1.2.2.2.3. Triage completed (if applicable).

1.2.2.2.4. Patient referral accepted.

1.2.2.2.5. Patient referral deferred.

1.2.2.2.6. Patient admitted.

1.2.2.2.7. Patient discharged.

1.2.2.2.8. Discharge disposition.

1.2.2.2.9. Patient in transfer, etc.

1.2.2.3. The status in Paragraph 1.2.2.2, above, is not to track clinical status updates. Vendors should include dates when these can happen.

1.2.2.4. The solution must have scalable functional capacity to

interface or be interoperable with EMRs of additional NH treatment providers likely to be added to the solution.

1.2.2.5. The solution must be able to accommodate the inclusion of other community based, non-hospital treatment programs (such as SUD bed capacity, transitional housing, and mobile crisis beds) in a similar capacity and with similar functionality as the inpatient psychiatric beds.

1.2.2.6. The solution must provide secure transfer of supporting documentation needed for admission and discharge, such as medication list, care coordination, court documents, and guardian documents.

1.2.2.7. The solution must be able to securely transfer patient-specific information to health insurance payer to support care coordination efforts.

1.2.2.8. The solution must enable real time secure (standards based) patient specific communication between authorized users.

1.2.2.9. The solution must be able to generate notifications to be received by specified users and user groups (role based) upon certain State specified user actions, such as:

    1.2.2.9.1. The addition of a patient to the queue.

    1.2.2.9.2. The discharge of a patient.

    1.2.2.9.3. A change in a patient's legal status.

1.2.2.10. The solution must be able to provide advanced analytics to depict all aspects and the relationship between:

    1.2.2.10.1. Patient characteristics.

    1.2.2.10.2. Bed characteristics.

    1.2.2.10.3. Patient flow.

1.2.2.11. The solution must be able to accommodate live links to alternative treatment options and services (non-hospital bed stays).

1.2.2.12. The solution must provide access to patient-specific notes.

1.2.2.13. The solution must provide visualization of current status of patient (not clinical; indicates progression through pre-determined steps of the queue process from placement onto the queue to discharge).

2. REQUIREMENTS

2.1. Table C-2 – Addendum #1

2.1.1.   Vendors shall complete the requirements checklist (Table C-2 – Addendum #1 General Requirements Vendor Response Checklist.

2.1.2.   Table C-2, General Requirements Vendor Response Checklist is included as an attachment.

2.2. Data Storage Locations.

2.2.1.   Vendors shall not store or transfer data collected in connection with the services rendered under this Agreement outside of the United States.

2.2.2.   This includes backup data and Disaster Recovery locations.

3. DELIVERABLES

Vendors shall complete the response checklist Table C-3 Deliverables Vendor Response Checklist.

Table C-3 Deliverables Vendor Response Checklist

	Activity, Deliverable, or Milestone	Deliverable Type	Projected Delivery Date
PLANNING AND PROJECT MANAGEMENT			
1	Conduct Project Kickoff Meeting	Non-Software	
2	Project Status Reports	Written	
3	Work Plan	Written	
4	Infrastructure Plan, including Desktop and Network Configuration Requirements	Written	
5	Security Plan	Written	
6	Communications and Change Management Plan & Project Risk and Issue Management Plan	Written	
7	Requirements Traceability Matrix	Written	
8	Software Configuration Plan	Written	
9	Systems Interface Plan and Design/Capability	Written	
10	Testing Plan	Written	
11	Disaster Recovery Plan	Written	
12	Deployment Plan	Written	
13	Comprehensive Training Plan and Curriculum	Written	
14	End User Support Plan	Written	

15	Business Continuity Plan/Disaster Recovery	Written	
16	Documentation of Operational Procedures	Written	
INSTALLATION			
17	Provide Software Licenses if needed	Written	
18	Reserved	Software	
19	Provide Software Installed, Configured, and Operational to Satisfy State Requirements	Software	
TESTING			
20	Conduct Integration Testing	Non-Software	
21	Conduct User Acceptance Testing	Non-Software	
22	Perform Production Tests	Non-Software	
23	Test In-Bound and Out-Bound Interfaces	Software	
24	Conduct System Performance (Load/Stress) Testing	Non-Software	
25	Annual Certification and Attestation of 3rd Party Penetration Testing and Application Vulnerability Scanning.	Non-Software	
SYSTEM DEPLOYMENT			
26	RESERVED	RESERVED	
27	Provide Tools for Backup and Recovery of all Applications and Data	Software	
28	Conduct Training	Non-Software	
29	Cutover to New Software	Non-Software	
30	Provide Documentation	Written	
31	Execute Security Plan	Non-Software	
OPERATIONS			
32	Ongoing Hosting Support	Non-Software	
33	Ongoing Support & Maintenance	Software	
34	Conduct Project Exit Meeting	Non-Software	
35	Operational Risk Management Plan	Written	